

give relief. Most cases of elephantiasis are troublesome on account of the secondary inflammatory processes.

Elephantiasis of the scrotum may follow a lymph scrotum and reach enormous dimensions. Removal by operation is the only method of relief, and this may be performed with comparative safety.

Elephantiasis elsewhere has been rarely subjected to surgical intervention.

7. Infective Complications Associated with Local Filarial Lesions. These complications are very common and may be manifested as erysipelas, lymphangitis, cellulitis, and abscess. Constitutional symptoms, often severe, are present at one time or another. The ordinary methods of treating infected wounds should be made use of according to circumstances. After the acute process has subsided the various local lesions may be treated in a radical manner as described above.

Comparatively few operations have been performed for filarial processes, and most of these have been carried out in the tropics, notably at the Madras Hospital, India, where many of the results have been excellent.

We take this opportunity of expressing our thanks to Dr. Councilman and to Dr. Mallory for advice and assistance; to Messrs. Brinckenhoff and Richardson, of the Harvard Medical School, for the excellent photographs, and to Miss Jones and Dr. Howe for the drawings.

REFERENCES.

1. Dermarquay. Note sur une Tumeur des Bourses contenant un Liquide Laiteux (Galactocèle de Vidal) et renfermant des Petits êtres vermiformes que l'on peut considérer comme des helminthes hématoïdes à l'état d'embryon. *Gaz. méd. de Paris*, 1863, xviii, 665.
2. Wucherer. Notícia preliminar sobre vermes de uma especie ainda nao descripta encontrados na urina de doentes de hematuria intertropical no Brazil. *Gazeta Medica da Bahia*, December 15, 1868, p. 97.
3. Salisbury. On the Parasitic Forms Developed in Parent Epithelial Cells of the Urinary and Genital Organs and in their Secretion. *Amer. Journ. Med. Sci.*, 1868, lv, 371.
4. Lewis. On a Hematozoön in Human Blood. Reprint from *Indian Annals of Medical Science*, Calcutta, 1874.
5. Cobbold. On the Discovery of the Intermediary Host of *Fil. Sang. Hom.* *Lancet*, 1878, i, p. 69.
6. Lewis. The Nematoid Hematozoa of Man. *Quart. Journ. Microsc. Soc.*, 1879, 245. The original article, which appeared in the *Proc. Asiatic Society of Bengal*, Calcutta, 1878, was not accessible to the writers. It is abstracted by Nuttall, *Johns Hopkins Hospital Reports*, 1899, viii, 65.
7. Low. A Recent Observation on *Filaria Nocturna* in *Culex*: Probable Mode of Infection of Man. *British Medical Journal*, 1900, i, 1456.
8. Manson. The Life-history of the Malarial Germ Outside the Human Body. (Goulstonian Lectures.) *Lancet*, 1896, i, 831.
9. Manson. Lymph Scrotum, Showing *Filaria* in Situ. *Trans. Path. Soc., London*, 1881, xxxii, 285.
10. Mackenzie. A Case of Filarial Hematochyluria. *Trans. Path. Soc., London*, 1882, xxxiii, 394.
11. Manson. On Filarial Periodicity. *Brit. Med. Journ.*, 1899, ii, 644.
12. Manson. *Tropical Diseases*. London, 1898, 447.
13. Manson. *Fil. Sang. Hom.*, Major and Minor. Two New Species of Hematozoa. *Lancet*, 1891, i, 4.
14. Daniels. Discovery of the Parental Form of a British *Gulana* Blood Worm. *Brit. Med. Journ.*, 1898, i, 1011.

TREATMENT. This is most unsatisfactory. The attack once developed generally goes on in spite of treatment until it exhausts itself. Being entirely ignorant of the nature of the exciting or more remote causes, our preventive treatment can be only experimental. Every element which can be even suspected as an etiological factor must be sought for and removed. Alterations in the diet should be tried; overwork and overplay guarded against, and constipation most carefully prevented. If prodromal symptoms seem threatening, a free purgative may possibly do good by removing poisonous matter from the blood. Care must constantly be taken to maintain a free action of the kidneys.

Should an attack have actually commenced the first indication is to open the bowels freely by an injection, or, still better, by saline cathartics or calomel if the child can retain them. But after the first effort it is well to administer nothing whatever by the mouth, whether food or medicine, thus giving the stomach absolute rest. The use of opening enemata should be discontinued and the bowel reserved for small concentrated nutrient enemata and the administration of medicine. Perhaps the best drugs to use in this way are chloral and the bromides in full doses. Morphine hypodermatically has certainly done good in some instances. This was notably true in my second case, where the narcotizing of the child seemed to be the means of saving his life. It should certainly be tried early in all bad cases. Stimulants by the rectum and strychnine and digitalis by the skin are to be used as needed. Hypodermoclysis is a treatment for severe cases which seems to offer the hope of benefit. Ice or counter-irritants to the epigastrium may be tried. As the disease advances, and especially if a lull in the vomiting occurs, it is safe again to try to obtain a free action of the bowels by the administration by the mouth of repeated doses of phosphate of soda or Rochelle salts. This is on the principle that if the vomiting is an effort by nature to eliminate the poison from the system free drainage through the bowel may aid in accomplishing this end. But there is nothing to be gained at any time by a mere unloading of the bowel by enemata, as though the constipation were the cause of the vomiting.

ANEURISM OF THE ARCH OF THE AORTA, WITH RUPTURE INTO THE SUPERIOR VENA CAVA.¹

BY ALFRED STENGEL, M.D.,
PROFESSOR OF CLINICAL MEDICINE, UNIVERSITY OF PENNSYLVANIA.

AMONG the terminations of aneurism of the arch of the aorta one of the rarest is that which occurred in the case that forms the basis of this

¹ Read at the meeting of the Association of American Physicians, Washington, D. C., May, 1900.